

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11583

FILED MAY 4 1954

5308 State File No.

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|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>82</u> | | PRIMARY REG. DIST. NO. <u>3017</u> | | Registrar's No. <u>37</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>?</u> | | | |
| b. CITY OR TOWN <u>Blackwater (Rural)</u> | | c. LENGTH OF STAY (In this place) <u>TWP</u> | | c. CITY OR TOWN <u>Lip City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> | | | | e. STREET ADDRESS (If rural, give location) <u>27 S. 3rd 8340 8</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> | | b. (Middle) <u>CORWIN</u> | | c. (Last) <u>Schultz</u> | | 4. DATE OF DEATH (Month) <u>April</u> (Day) <u>22</u> (Year) <u>1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>8/7/1918</u> | |
| 9. AGE (In years last birthday) <u>35</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | | 11. IF UNDER 1 YEAR Hours _____ Min. _____ | | 12. IF UNDER 1 YEAR _____ | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Army Air Force</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pilot</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lip City Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Herman Schultz</u> | | 13b. MOTHER'S MARDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Connie F. Schultz</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>YES</u> (If yes, give war or dates of service) <u>World War II</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Sedalia A. F. Sedalia</u> ADDRESS <u>Blackwater Cooper Mo</u> | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Skull</u> Antecedent Causes <u>Injury from violence (Airplane crash)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fracture right leg, fracture right arm, rib fracture, left arm</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVIEW BETWEEN ONSET AND DEATH <u>Yes</u> <u>E860X 39</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY <u>yes</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u> | | 21c. CITY, TOWN, OR TOWNSHIP <u>Blackwater</u> (COUNTY) <u>Cooper</u> (STATE) <u>Mo</u> | | 21d. TIME OF INJURY (Month) <u>4</u> (Day) <u>22</u> (Year) <u>1954</u> (Hour) <u>4:30</u> (Minute) <u>40</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Airplane crash</u> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE <u>M. L. Diekmann</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Carrollton Mo</u> | | 23c. DATE SIGNED <u>4/23/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>April 25/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cooper</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lip City Ohio</u> | |
| DATE REC'D BY LOCAL REG. <u>4/25/54</u> | | REGISTRAR'S SIGNATURE <u>B. W. Hooper</u> 381 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Thacker</u> ADDRESS <u>Carrollton Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Berry W. Hacker

Licensed Embalmer No. 39

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.